

**BY ORDER OF THE COMMANDER
HEADQUARTERS, 377TH AIR BASE WING (AFMC)
KIRTLAND AIR FORCE BASE,
NEW MEXICO 87117-5606**



KAFB INSTRUCTION 40-304

1 AUGUST 2000

Family Advocacy Program

***CHILD SEXUAL MALTREATMENT
RESPONSE TEAM (CSMRT)***

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive 40-3, *Family Advocacy Program*. This instruction outlines procedures for the management of child sexual maltreatment cases, according to Family Advocacy Program Standards M-2, dated July 1998. This instruction applies to all military and civilian personnel and their dependents entitled to receive care in a military facility as specified in AFI 41-115, *Medical Programs and Benefits*. This instruction directs collecting and maintaining information subject to the Privacy Act of 1974 authorized by 10 United States Code 8013.

1. Purpose : To create an interagency response to alleged incidents of child sexual maltreatment in order to protect potential victims and their families from further trauma, and to ensure that decisions and interventions reflect interdisciplinary cooperation.

2. Policy : The CSMRT is established by the Family Advocacy Committee (FAC) to manage the initial response for all child sexual maltreatment referrals to the Family Maltreatment Case Management Team (FMCMT). In cases of multiple victims and/or complex situations of child sexual abuse, the Family Advocacy Command Assistance Team (FACAT) may be deployed if requested by the installation commander.

3. Composition : The CSMRT will include a representative from the local child protective services (CPS) agency and representatives from the following base agencies:

Family Advocacy Program (FAP)

Air Force Office of Special Investigation (AFOSI)

Staff Judge Advocate (SJA)

Security Forces Squadron (SFS)

4. Procedures :

- 4.1. Subsequent to an allegation of child sexual maltreatment, the CSMRT will be notified immediately by FAP staff. The abuse victim will be interviewed by FAP within 72 hours of the allegation.
- 4.2. The guidelines should include but not be limited to the following:
 - 4.2.1. Notify the pediatric flight or the clinic on-call provider after hours to determine if there is a need for an emergent medical evaluation.
 - 4.2.2. Assess the allegation and its severity.
 - 4.2.3. Coordinate an interdisciplinary intervention plan, which should include a strategy for interviewing victims, principal interviewer(s), and an optimal location for interviews.
 - 4.2.4. Ensure the well being of the victim(s), his or her family, and the alleged offender.
 - 4.2.5. Minimize the number of interview and medical examinations to prevent further emotional trauma to the victim.
 - 4.2.6. Provide a Victim/Witness Program Assistance Package to all victims and witnesses involved in the incident.
- 4.3. In cases involving multiple alleged victims, the CSMRT and the Family Advocacy Committee will consider recommending that the installation commander request deployment of the DoD Family Advocacy Command Assistance Team. The request will be made to AFMOA/SGOF telephonically and with subsequent written requests. AFMOA/SGOF will notify the DoD FAP Manager, who in turn deploys the Family Advocacy Command Assistance Team.
 - 4.3.1. If the Family Advocacy Command Assistance Team is deployed, the CSMRT will serve as the nucleus for the installation task force. The CSMRT will provide an in-brief to the Family Advocacy Command Assistance Team concerning the assessment of the alleged child sexual maltreatment incident(s).

5. Responsibilites :

- 5.1. The Family Advocacy Program (FAP) will:
 - 5.1.1. When notified of an alleged child sexual maltreatment incident, the Family Advocacy Officer will ensure the Security Forces Squadron (SFS), Staff Judge Advocate (SJA), Medical Group Commander, and the sponsor's commander or first sergeant are notified within 24 hours. AFOSI will be notified immediately if there is any potential criminal maltreatment to allow for collection of perishable information or evidence.
 - 5.1.2. Coordinates with AFOSI, CPS, and 377 MDOS/SGOB (during duty hours) or the 377th Medical Group non-commissioned officer on duty (after duty hours) to ensure the following procedures are completed:
 - 5.1.2.1. Complete a risk assessment to determine the potential for further maltreatment of alleged victim(s) and to ensure safety;
 - 5.1.2.2. Ensure prompt medical evaluation and treatment for all alleged victims;

5.1.2.3. Ensure prompt mental health evaluation and intervention for alleged victim(s) and alleged offender(s);

5.1.2.4. Coordinate interview of alleged victims and their parents.

5.2. AFOSI/SFS will:

5.2.1. Immediately contact FAP upon receipt of alleged and or suspected incidents of child sexual maltreatment. Note: SFS are initial responders and handle all cases of child neglect. All child sexual maltreatment cases are handled by AFOSI. In the event AFOSI has an investigation open or is intending to open one, AFOSI will retain lead decision-making for any action potentially related to future criminal prosecution or exoneration. AFOSI will work any of these issues closely with their team counterparts to ensure the maximum interdisciplinary benefits are brought to bear.

5.2.2. Coordinate interviews of alleged victim(s) and alleged offender(s) with FAP and CPS.

5.2.3. Assess the allegation and its severity.

5.2.4. Coordinate an interdisciplinary intervention plan, which should include a strategy for interviewing victims, a principal interviewer(s), and an optimal location to conduct interviews.

5.2.5. Ensure the well being of the victim(s), his or her family, and the alleged offender.

5.2.6. Minimize the number of interviews and medical examinations to prevent further emotional trauma to the victim.

5.3. Child Protective Services (CPS) will:

5.3.1. Immediately notify FAP upon receipt of alleged, suspected, or known child maltreatment cases involving active duty military families assigned to Kirtland AFB.

5.3.2. Coordinate and conduct victim and offender interviews with FAP and AFOSI.

5.3.3. Assist FAP with risk assessments and safety plans to prevent further maltreatment of victim(s).

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Commander